

02/24/00

02-25-00

A/RE

Please type a plus sign (+) inside this box ☐

Approved for use through 09/30/2000, OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

PTO/SB/50 (4/98)
JCS11 J.S. PTO
09/012894
02/24/00

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|--|---------------|
| Attorney Docket No. | 33/759 |
| First Named Inventor | Oberth |
| Original Patent Number | 5,733,062 |
| Original Patent Issue Date (Month/Day/Year) | 3/31/98 |
| Express Mail Label No. | EL130694771US |

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)

or



Ribboned Original Patent Grant



Affidavit/Declaration of Loss (PTO/SB/55)

6. Original U.S. Patent currently assigned?



Yes



No

(If Yes, check applicable box(es))



Written Consent of all Assignees

37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ *Small Entity Statement filed in prior application, Status still proper (PTO/SB/09-12) and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Request for Transfer of the Drawings and Associate Power of Attorney

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach Bar Code Label Here)



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Signature

Date

2/24/00

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

33/759

Claims as Filed – Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
|----------------------------|--|-------------------------------------|---------------------|--------------|--------|---------------------------|--------|-------|
| | | | | Rate | Fee | Rate | Fee | |
| (A) 20 | Total Claims (37 CFR 1.16(i)) | (B) 20 | 0 | x \$_____ = | | or | x \$0= | 0 |
| (C) 2 | Independent Claims (37 CFR 1.16(j)) | (D) 2 | 0 | x \$_____ = | | | x \$0= | 0 |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$ 345 | | | \$690 |
| Total Filing Fee | | | | | \$ | | OR | \$690 |

Claims as Amended – Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | | |
|--|--|-------|---|-----------------------------------|--------------|-----|---------------------------|---------|------|
| | | | | | Rate | Fee | Rate | Fee | |
| Total Claims (37 CFR 1.16(j)) | 148 | MINUS | 20 | =128 | x\$9= | | or | x\$18= | 2304 |
| Independent Claims (37 CFR 1.16(i)) | 6 | MINUS | 2 | =4 | x\$39= | | | x\$78= | 312 |
| First Presentation of Multiple Dependent Claim | | | | =1 | x\$130= | | | x\$260= | 260 |
| Total Additional Fee | | | | | \$ | | OR | \$2876 | |

*If the entry in (D) is less than the entry in (C), Write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

***After any cancellation of claims

****If "A" is greater than 20, use (B-A); if "A" is 2 or less, use (B-20).

*****"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account No. 23-1925.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$3,566 to cover the filing/additional fee is enclosed.

2/24/00

Date

Signature of Applicant, Agent or Agent of Record

Joseph F. Hetz

Typed or Printed Name